



**Statement of satisfaction  
in full or in part of charge**

Company name: **LOCHTHORN DENTAL CLINIC LTD**

Company number: **SC496009**



Received for Electronic Filing: **21/07/2020**

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## Details of Satisfaction

Charge created (or property acquired) on or after 6th April 2013.

Charge code: **SC49 6009 0001**

Satisfaction of  
charge: **In full**

Details of the person delivering this statement and their interest in the charge

Name: **CHRISTOPHER FRIEL**

Address: **154 HYNDLAND ROAD GLASGOW SCOTLAND G12 9HZ**

Interest: **CHARGE**

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## Authentication of Form

This form was authorised by: **a person with an interest in the registration of the charge.**